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|                                                                                                                                 |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                   |                                             |                                       |                                                |            |                                            |           |           |                            |                        |       |                       |  |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------|---------------------------------------------|---------------------------------------|------------------------------------------------|------------|--------------------------------------------|-----------|-----------|----------------------------|------------------------|-------|-----------------------|--|
| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875                                               |                                                                                          |                                                                                                                                                                                                                               |                                             | Application or Docket Number<br><b>10/566,823</b> | Filing Date<br><b>06/20/2006</b>            | <input type="checkbox"/> To be Mailed |                                                |            |                                            |           |           |                            |                        |       |                       |  |
| <b>APPLICATION AS FILED – PART I</b>                                                                                            |                                                                                          |                                                                                                                                                                                                                               |                                             | OTHER THAN<br>SMALL ENTITY                        |                                             |                                       |                                                |            |                                            |           |           |                            |                        |       |                       |  |
| (Column 1)                                                                                                                      |                                                                                          | (Column 2)                                                                                                                                                                                                                    |                                             | SMALL ENTITY <input checked="" type="checkbox"/>  |                                             | OR                                    |                                                |            |                                            |           |           |                            |                        |       |                       |  |
| FOR                                                                                                                             |                                                                                          | NUMBER FILED                                                                                                                                                                                                                  |                                             | NUMBER EXTRA                                      |                                             | RATE (\$)                             |                                                | FEE (\$)   |                                            | RATE (\$) |           | FEE (\$)                   |                        |       |                       |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                             |                                                                                          | N/A                                                                                                                                                                                                                           |                                             | N/A                                               |                                             | N/A                                   |                                                | N/A        |                                            | N/A       |           | N/A                        |                        |       |                       |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))                                                            |                                                                                          | N/A                                                                                                                                                                                                                           |                                             | N/A                                               |                                             | N/A                                   |                                                | N/A        |                                            | N/A       |           | N/A                        |                        |       |                       |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                       |                                                                                          | N/A                                                                                                                                                                                                                           |                                             | N/A                                               |                                             | N/A                                   |                                                | N/A        |                                            | N/A       |           | N/A                        |                        |       |                       |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))                                                                                                |                                                                                          | minus 20 =                                                                                                                                                                                                                    |                                             | * <span style="font-size: small;">*</span>        |                                             | X \$ =                                |                                                | X \$ =     |                                            | OR        |           | X \$ =                     |                        |       |                       |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                          |                                                                                          | minus 3 =                                                                                                                                                                                                                     |                                             | * <span style="font-size: small;">*</span>        |                                             | X \$ =                                |                                                | X \$ =     |                                            | OR        |           | X \$ =                     |                        |       |                       |  |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                               |                                                                                          | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                             |                                                   |                                             |                                       |                                                |            |                                            |           |           | TOTAL                      |                        | TOTAL |                       |  |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                      |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                   |                                             |                                       |                                                |            |                                            |           |           | TOTAL                      |                        | TOTAL |                       |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                       |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                   |                                             |                                       |                                                |            |                                            |           |           |                            |                        |       |                       |  |
| <b>APPLICATION AS AMENDED – PART II</b>                                                                                         |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                   |                                             |                                       |                                                |            |                                            |           |           |                            |                        |       |                       |  |
| (Column 1)                                                                                                                      |                                                                                          |                                                                                                                                                                                                                               |                                             | (Column 2)                                        |                                             |                                       |                                                | (Column 3) |                                            |           |           | OTHER THAN<br>SMALL ENTITY |                        |       |                       |  |
| AMENDMENT                                                                                                                       | 09/23/2008                                                                               |                                                                                                                                                                                                                               | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                                       | PRESENT<br>EXTRA                               |            | SMALL ENTITY                               |           | OR        |                            | SMALL ENTITY           |       |                       |  |
|                                                                                                                                 | Total (37 CFR 1.16(i))                                                                   |                                                                                                                                                                                                                               | * 20                                        |                                                   | Minus                                       |                                       | ** 29                                          |            | = 0                                        |           | RATE (\$) |                            | ADDITIONAL<br>FEE (\$) |       |                       |  |
|                                                                                                                                 | Independent (37 CFR 1.16(h))                                                             |                                                                                                                                                                                                                               | * 2                                         |                                                   | Minus                                       |                                       | ***3                                           |            | = 0                                        |           | X \$25 =  |                            | 0                      |       |                       |  |
|                                                                                                                                 | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                                                                                                                                                                                                               |                                             |                                                   |                                             |                                       |                                                |            |                                            |           |           |                            | OR                     |       | X \$ =                |  |
|                                                                                                                                 | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                                                                                                                                                                                                               |                                             |                                                   |                                             |                                       |                                                |            |                                            |           |           |                            | TOTAL<br>ADD'L<br>FEE  |       | 0                     |  |
|                                                                                                                                 | TOTAL<br>ADD'L<br>FEE                                                                    |                                                                                                                                                                                                                               |                                             |                                                   |                                             |                                       |                                                |            |                                            |           |           |                            |                        |       | TOTAL<br>ADD'L<br>FEE |  |
| (Column 1)                                                                                                                      |                                                                                          |                                                                                                                                                                                                                               |                                             | (Column 2)                                        |                                             |                                       |                                                | (Column 3) |                                            |           |           | OTHER THAN<br>SMALL ENTITY |                        |       |                       |  |
| AMENDMENT                                                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                |                                                                                                                                                                                                                               | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                                                   | PRESENT<br>EXTRA                            |                                       | RATE (\$)                                      |            | ADDITIONAL<br>FEE (\$)                     |           | RATE (\$) |                            | ADDITIONAL<br>FEE (\$) |       |                       |  |
|                                                                                                                                 | Total (37 CFR 1.16(i))                                                                   |                                                                                                                                                                                                                               | * <span style="font-size: small;">*</span>  |                                                   | Minus                                       |                                       | ** <span style="font-size: small;">**</span>   |            | = <span style="font-size: small;">=</span> |           | X \$ =    |                            | X \$ =                 |       |                       |  |
|                                                                                                                                 | Independent (37 CFR 1.16(h))                                                             |                                                                                                                                                                                                                               | * <span style="font-size: small;">*</span>  |                                                   | Minus                                       |                                       | *** <span style="font-size: small;">***</span> |            | = <span style="font-size: small;">=</span> |           | X \$ =    |                            | X \$ =                 |       |                       |  |
|                                                                                                                                 | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                                                                                                                                                                                                               |                                             |                                                   |                                             |                                       |                                                |            |                                            |           |           |                            | OR                     |       | X \$ =                |  |
|                                                                                                                                 | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                                                                                                                                                                                                               |                                             |                                                   |                                             |                                       |                                                |            |                                            |           |           |                            | TOTAL<br>ADD'L<br>FEE  |       | TOTAL<br>ADD'L<br>FEE |  |
|                                                                                                                                 | TOTAL<br>ADD'L<br>FEE                                                                    |                                                                                                                                                                                                                               |                                             |                                                   |                                             |                                       |                                                |            |                                            |           |           |                            |                        |       | TOTAL<br>ADD'L<br>FEE |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                           |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                   |                                             |                                       |                                                |            |                                            |           |           |                            |                        |       |                       |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".                                       |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                   |                                             |                                       |                                                |            |                                            |           |           |                            |                        |       |                       |  |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".                                        |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                   |                                             |                                       |                                                |            |                                            |           |           |                            |                        |       |                       |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                   |                                             |                                       |                                                |            |                                            |           |           |                            |                        |       |                       |  |
| Legal Instrument Examiner:<br><b>/DIANIECE JACOBS/</b>                                                                          |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                   |                                             |                                       |                                                |            |                                            |           |           |                            |                        |       |                       |  |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**  
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.